



Exhibit Space Application and Contract

ASA/NSAA Joint Conference • April 16-17, 2027

The Westin Tampa Bay

7627 W. Courtney Campbell Causeway

Tampa, Florida 33607



Company Name: _____

Contact Name: _____

Address: _____

Phone: _____ E-mail: _____ Website: _____

Description of Product/Service: _____

Exhibit Dates and Times:

Setup:

Friday, April 16: 10 am to 4 pm

Show Hours:

Friday, April 16: 5 pm to 8:30 pm

Saturday, April 17: 7 am to 5 pm

Move out:

Saturday, April 17: 5 pm to 6 pm

Booth Space:

6' Table

2 Chairs

Special instructions/requests:

Please refer to the 2027 ASA/NSAA
Conference Exhibitor Information Prospectus
for all instructions

Additional Exhibitor Opportunities:

- ☐ Workshop on Friday, April 16 (Exhibit booth required)
- ☐ Tote bag inserts for attendees

Application Fees and Deadlines: The charge for the booth space is \$1500 per one 6' Table, due upon receipt of application. Additional chairs can be purchased at \$200 each and includes conference meals and reception. Premium table location is an upgrade of \$250 per table, unless all regular tables are filled. If you cancel your space before April 1, 2027, your application fee will be refunded, less than a \$25 administrative fee. ASA/NSAA must receive your written notice of cancellation before April 1, 2027. Email this application to exhibitors@asa-nsaa.org.

All provisions in the Exhibitor Information Packet and any written agenda to the rules and regulations apply to this contract. Each exhibiting company is responsible for ensuring that all its representatives are aware of the provisions.

The Exhibitor and its employees agree to abide by the Exhibit Rules and Regulations in the Exhibitor Information Packet for the 2027 ASA/NSAA Joint Conference, all of the terms of which are made a part hereof by this reference and fully incorporated herein, receipt of which is hereby acknowledged, and to all the conditions under which exhibit space at The Westin Tampa Bay is leased to the Association of Surgical Assistants and the National Surgical Assistant Association.

I have read and agree to all Exhibit Space Contract Rules & Regulations.

For Office Use Only

Date Received

Check #/CC Approval

Credit Card Type: ☐ Visa ☐ MC ☐ Amex

Number _____ Exp. Date _____

Name as it appears on card: _____

3 Digit CVV _____ 4 Digit CVV _____ (AmEx Only)

of Additional Chairs _____ Exhibit Space # Requested _____

Amount to be billed: \$ _____

Authorized Signature _____

Typed or Printed Name _____